

PLEASE NOTE: THIS REQUEST FOR AN ADMINISTRATIVE REVIEW MUST BE MADE WITHIN 21 DAYS OF ISSUANCE OF THE CITATION OR WITHIN 10 DAYS OF THE MAILING OF THE NOTICE OF DELINQUENT PARKING VIOLATION.

CITY OF LODI PARKING CITATION

REQUEST FOR APPEAL

If you wish to contest a parking citation, you must complete the following information. **A copy of your pink citation must be made and submitted along with this appeal form or your request will not be processed.** When completed, return to the City of Lodi, Parking Hearing Technician, P.O. Box 2488, Lodi, CA 95241, or you may call for an appointment at (209) 333-6793. The Hearing Technician's office is located at 305 W. Pine Street (Carnegie Forum) and is open Monday through Thursday, 8:00 a.m. to 1:00 p.m.

(Print or Type Please)

Name _____ Day Phone _____

Street Address _____

City _____ State _____ Zip _____

Citation Number (s) _____

I believe I am not responsible because

Signature _____ Date _____

(Office Use Only)

Appeal request received by _____ Date _____

(Office Use Only)

ADMINISTRATIVE REVIEW APPEAL:

Upheld ()

Denied ()

Comments:

Admin. Review Officer: _____ Emp # _____ Date: _____

Disposition Advisement by: _____ Emp # _____ Date: _____

Via: Mail ()

ADMINISTRATIVE HEARING

Granted ()

Denied ()

Hearing Officer's Comments:

Hearing Officer: _____ Employee # _____ Date _____

Disposition Advisement by: _____ Date _____